MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

NEIGHBORHOOD ASSISTANCE PROGRAM
QUARTERLY REPORT FORM

Business
NAP
Non-Profit *State*

Building Communities Through Partnerships

PROJECT NUMBER	QUARTER (MM/DD/YY)	
	BEGINNING	**ENDING**

ORGANIZATION NAME

This report must be filed with the DEPARTMENT (DED) on a quarterly basis until the project fundraising period has expired and all NAP donations have been spent. This form should be typed and each section must be answered.

1. Fill in the table below.

AUTHORIZED BUDGET AMOUNT (total value of donations you can receive for NAP line items)	70% CREDITS AUTHORIZED	50% CREDITS AUTHORIZED
$	$	$

2. Indicate totals at the end of the quarter for each category below:

A. TOTAL NAP DONATIONS RECEIVED	B. TOTAL NAP DONATIONS SPENT	C. TOTAL NAP CREDITS USED	D. TOTAL NAP CREDITS UNUSED

A. TOTAL NAP DONATIONS RECEIVED–Total donations received for your NAP project only (Total value of donations received since the beginning of your fundraising period that qualify for NAP credit)

B. TOTAL NAP DONATIONS SPENT–Amount of NAP donations listed in column A that have actually been spent
   Note: NAP donations must be spent in accordance with approved NAP budget line items for expenses incurred during the fundraising period.

C. TOTAL NAP TAX CREDITS USED–Amount of NAP donations received (column A) times your approved tax credit percentage level (50% or 70%)

D. TOTAL NAP TAX CREDIT UNUSED–Amount of tax credits originally approved (see Appendix A of your NAP Agreement) less the amount of tax credits used (column C).

3. Have you encountered any fundraising problems with your NAP project?
   ☐ Yes   ☐ No   If yes, please explain below.

REMEMBER TO COMPLETE THE OTHER SIDE

4. Indicate below whether any changes are being requested for the following items. This information will assist us in verifying records and expediting your request for project revisions.

ITEM	NO CHANGES	CHANGE REQUEST ATTACHED	CHANGE REQUEST PENDING (Indicate date of request)
NAP Budget (line items, etc.)			
NAP Authorized Tax Credit Amount			
Project Period			
Milestones			

5. Please report below on your progress in achieving the quarterly milestones and performance targets for your project (you may wish to review Appendix A of your Project Agreement and your application). Also indicate any problems encountered in trying to reach your targets and any corrective measures taken (use additional sheets of paper if necessary).

SIGNATURE OF PROJECT DIRECTOR

►

NAME OF PROJECT DIRECTOR PRINTED OR TYPED	**DATE**
►	

FOR NAP USE ONLY

VERIFIED BY	**DATE**
►	

MO 419-2452 (8-01)